

5. The HAP payments: (Check one)
_____ have been abated effective _____ (mm/dd/yyyy).
Please suspend the HAP to owner portion from your payment effective _____ (mm/dd/yyyy) until further notice.
_____ that were abated beginning _____ (mm/dd/yyyy) have been resumed
effective _____ (mm/dd/yyyy).

6. We will no longer be billing your agency because we are terminating the family's participation in the program or the family is voluntarily leaving the program.

Billing arrangement termination effective date: _____ (mm/dd/yyyy)
Reason for termination:(specify)

7. We are absorbing the family into our program and terminating the billing arrangement effective: _____.
(mm/dd/yyyy)

8. The HAP contract has been terminated effective _____ (mm/dd/yyyy) and no new HAP contract has yet been executed on behalf of the family.
The family:
_____ will not be remaining in our jurisdiction and has been referred to your agency.
_____ intends to remain in our jurisdiction. The family's voucher expires _____ (mm/dd/yyyy).

9. Billing Information

Regular Billing Amount

- a. Monthly HAP amount due _____
(line 12s or 12af of form HUD-50058)
- b. Ongoing admin fee (80% of initial PHA fee or amount otherwise agreed upon) (line 10 of Part I of this form) _____
- c. Total regular monthly billing amount _____
(sum of lines a and b)

Additional Amount Due, If Applicable

- d. Prorated HAP to owner from _____ to _____ _____
- e. Hard-to-house fee _____
- f. Other (explain) _____
- g. Total additional amount (sum of lines d, e and f) _____

Billing Amount

- h. Payment Due This Billing Submission (sum of lines c and g.) _____
(After this submission, billing amount is amount recorded on line c, unless otherwise notified by the receiving PHA.)